

**"OPERATION SLICK STREETS" EMERGENCY ACCIDENT REPORT**  
**SALINA POLICE DEPARTMENT**  
**255 N. TENTH**  
**SALINA, KANSAS 67401**

**FILL OUT ALL INFORMATION AS COMPLETELY AS POSSIBLE**  
**PLEASE PRINT**

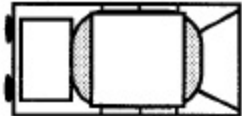
**FOR POLICE USE ONLY**  
**CASE NUMBER**

DATE OF ACCIDENT	TIME OF ACCIDENT	LOCATION OF ACCIDENT	SPEED LIMIT	CONNECTING CASE NUMBER	
<b>YOUR INFO</b> <b>V.1</b>		Driver NAME (LAST, FIRST, INITIAL)	Phone # <input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR & MAKE OF Vehicle
Driver ADDRESS (Number, Street, City, State, Zip Code)		LICENSE PLATE #	STATE	YEAR	Vehicle Odometer Reading
DRIVER'S LICENSE STATE and NUMBER St. No.		DATE of BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	
Registered OWNER FULL NAME ("Same" if Driver)		Phone # <input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL number of vehicle occupants including driver	Insurance Company/Agent	
OWNER Address ("Same" if Driver)				Policy Number	

ABOVE VEHICLE WAS: ☐ IN OPERATION ☐ LEGALLY PARKED WITNESSES: ☐ YES ☐ NO IF YES, INDICATE IDENTITY IN DRIVER'S NARRATIVE

O C C U P A N T S	SEAT LOCATION	Last NAME	First Name	Initial	ADDRESS (#, Street, City, State, Zip.)	SEX	AGE	Seat Belt Use YES/NO	Child Restraint YES/NO

**F  
R  
O  
N  
T**



Location and Description of Damage to Your Vehicle

\_\_\_\_\_

\_\_\_\_\_


(CIRCLE VEHICLE DAMAGE LOCATION)

<b>OTHER DRIVER INFO</b> <b>V.2</b>		Driver NAME (LAST, FIRST, INITIAL)	Phone # <input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR & MAKE OF Vehicle	MODEL and BODY STYLE
Driver ADDRESS (Number, Street, City, State, Zip Code)		LICENSE PLATE #	STATE	YEAR	Vehicle Odometer Reading	
DRIVER'S LICENSE STATE and NUMBER St. No.		DATE of BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER		
Registered OWNER FULL NAME ("Same" if Driver)		Phone # <input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL number of vehicle occupants including driver	Insurance Company/Agent		
OWNER Address ("Same" if Driver)				Policy Number		

ABOVE VEHICLE WAS: ☐ IN OPERATION ☐ LEGALLY PARKED WITNESSES: ☐ YES ☐ NO IF YES, INDICATE IDENTITY IN DRIVER'S NARRATIVE

O C C U P A N T S	SEAT LOCATION	Last NAME	First Name	Initial	ADDRESS (#, Street, City, State, Zip.)	SEX	AGE	Seat Belt Use YES/NO	Child Restraint YES/NO

**F  
R  
O  
N  
T**



Location and Description of Damage to Your Vehicle

\_\_\_\_\_

\_\_\_\_\_

(CIRCLE VEHICLE DAMAGE LOCATION)

**DIAGRAM WHAT HAPPENED**

Draw scene as observed. Refer and label your vehicle as V1 - the other vehicle as V2.

**SHOW:**

- (1) Outline and identify street where accident occurred.
- (2) Paths of vehicles prior to and after impact, and point of impact (POI).
- (3) Location of signs, traffic controls, and reference points (cross streets).
- (4) Location of other property hit/damaged (trees, signs, etc.).
- (5) Special features at location (bridge, overpass, culvert, railroad crossing, etc.).

Indicate  
NORTH  
By Arrow**DRIVER'S NARRATIVE**

Describe the accident in detail: Your direction of travel \_\_\_\_\_ Your Speed: \_\_\_\_\_ M.P.H.

Condition of roadway: ☐ Dry ☐ Wet ☐ Snow or Slush ☐ Ice or Snow Packed ☐ Other \_\_\_\_\_

"I declare under penalty of perjury that the foregoing is true and correct."

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CITIZEN INFORMATION**

**Recovery Of Damages:** Recovery of damages is a civil matter between you and your insurance company or you and the other driver/vehicle owner or their respective insurance company. In the event the other driver/vehicle owner did not have liability insurance in force at the time of the accident, you will need to contact your insurance agent if you have collision coverage on your vehicle. You may want to contact an attorney for advice concerning any future recovery of damages.

**PLEASE COMPLETE THIS FORM (TO THE BEST OF YOUR ABILITY) AND MAIL OR BRING IT TO THE SALINA POLICE DEPARTMENT, 255 NORTH TENTH ST., SALINA, KS. 67401, WITHIN 48 HOURS OF ACCIDENT OCCURRENCE.**